| ,,,,   | · \<br><u>~</u>   |   | مستعدر أجريه                              |                                     |                  |                  |      |                   | 10/                    | 76  | 6,0                 | 15                     |  |
|--|---|---|---|-------------------------------------|------------------|------------------|------|-------------------|------------------------|-----|---------------------|------------------------|--|
|  | PATENT  | ORC                                       | Application or Docket Number 50043451X DD |                                     |                  |                  |      |                   |                        |     |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |   |                                     |                  |                  |      | SMALL<br>TYPE     | ENTITY                 | OF  |                     | R THAN<br>ENTITY       |  |
| Ţ  | OTAL CLAIMS   | <b>.</b>                                  | 20  | )                                   |                  | •                |      | RATE              | FEE                    | 7   | RATE                | FEE                    |  |
| FOR ·  |   |   | MUMBE                                     | FILED                               | NUM              | NUMBER EXTRA     |      |                   | 385.00                 | OF  | BASIC FE            | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 20 minus 20=                              |                                     | •                |                  |      | XS 9=             |                        | OR  | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | 2 1                                       | ninus 3 =                           | •                |                  | X43= |                   | <b>-</b>   - ' '       | \   | <del> </del> -      |                        |  |
| MI   | JLTIPLE DEPE  | NDENT CLAIM F                             | RESENT                                    |                                     |                  |                  |      | 7,10-             | 1-                     | POR |                     |                        |  |
|  |   |   |   |                                     |                  |                  |      | · +145=           |                        | OR  | +290=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |   |                                     |                  |                  |      | TOTAL             |                        | OR  | TOTAL               |                        |  |
|  | CLAIMS AS AMENDED - PART    (Column 1) (Column 2) (Column 3)  |   |   |                                     |                  |                  |      |                   | ENTITY                 | OR. | OTHER               | THAN<br>ENTITY         |  |
| <b>AMENDMENT A</b>   |   | REMAINING<br>AFTER<br>AMENDMENT           |   | HIGH<br>NUME<br>PREVIO<br>PAID F    | BER<br>USLY      | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| 2  | Total   | . 12                                      | Minus                                     | -                                   |                  | -                |      | . X\$ 9=          |                        | OR  | X\$18=              |                        |  |
| AME  | Independent   | • 1                                       | Minus                                     | 200                                 |                  | •                |      | X43=              |                        | OR. | X86=                |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                                     |                  |                  |      | +145=             | · ·                    | OR  | +290=               |                        |  |
|  | _   |   |   |                                     |                  |                  | L    | TOTAL             | -                      | 4   | TOTAL               |                        |  |
|  | (Column 1) (Column 2) (Column 3)  |   |   |                                     |                  |                  |      | DOM. FEE          | <u> </u>               | OR  | ADDIT. FEE          |                        |  |
| AMENDMENT B  | 7/13/05   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F  | ST<br>ER<br>USLY | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE |     | PATE                | ADDI-<br>TIONAL<br>FEE |  |
| 2  | Total .   | . /2                                      | Minus                                     | - 1                                 | 2                | •                |      | X\$ 8=            |                        | OR  | X\$18=              |                        |  |
| AME  | Independent<br>FIRST PRESE  | MTATION AS AN                             | Minus                                     | SMDENT :                            | C Alle           | •                |      | X43=              |                        | OR  | . X86=              |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.                          |   |   |   |                                     |                  |                  |      | +145=             |                        | OR  | +290=               |                        |  |
| and the second second  |   |   |   |                                     |                  |                  | Ą    | TOTAL<br>DOT, FEE |                        | OR  | TOTAL<br>NDOIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |   |                                     |                  |                  |      | ·-                |                        | ٠   | ••••                | <i>A</i>               |  |
| AMENDMENT C  |   | CLAMS<br>REMARKING<br>AFTER<br>AMENDMENT  | •   | HIGHE<br>NUMBE<br>PREVIOU<br>PAID P | ER<br>ISLY       | PRESENT<br>EXTRA |      | RATE              | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| <u></u>  | Total   | •   | Minus                                     | 46                                  |                  | •                | F    | X\$ 9=            |                        | OR  | X\$18=              |                        |  |
|  |   | •   | Minus                                     | 400                                 |                  | -                | r    | X43=              |                        |     | X86=                |                        |  |
| 1  | FIRȘT PRESEI  | NTATION OF MU                             | LTIPLE DEF                                | ENDENT (                            | MIAL             |                  | -    |                   |                        | OR  |                     |                        |  |
| • 11   | the entry in colum  | Ŀ   | +145=                                     |                                     | OR               | +290=            |      |                   |                        |     |                     |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "High at Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                                     |                  |                  |      |                   |                        |     |                     |                        |  |

FORM PTO-178 (Day 1007)

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